very item of information carefully. The cole the causes of death clearly and legibly.

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	UNE	tant.
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	TE PLAINLY, WITH UNFADING INK.	is especially important. Physicians: please writ
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			CERTIFICAT	E OF DEATH	Reg. Dist. No	
1. PLACE OF DEAT	Charles	000		2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State	PF DECEASED: mother) unty Carles	
How long in above place of Hospital, institution, or st	f death?treet address where d	leath occurred:	RAL and give nearest town)	City or town		
How long in hospital or in	nstitulion?		***************************************	2.(a) If veteran, nams wsr		
3. (a) FULL NAME		Can	etm atchison		3. (b) Social Security	Number
4. Sez	5. Color or race	6.(a)Single, 1	married, widowed, or divorced	MEDICAL C	ERTIFICATION	alout 300 Pu
6.(b) Name of husband ar			if alive, give ageyears	21. I CERTIFY that death occurred on the date about	ove stated; that I attended docs	ased term
deceased (mo., day, yr.)		19	It less than one day	Immediate cause of death		DURATION
8. AGE: Years	? Menths	Days		O# 0.0.0.1		
9. Birthplace	Wal Down,	dors	und	Due to.		240
1D. Usual occupation	Kar	orer		Due to		
11. industry or business 12. Name	Willi	am Compre	Itchison I, md.	Dther conditions		
14. Maiden name	Elizahe	the gi	ckerol	(Include pregnamey within 3		
15. Birthplace	0, 7	Vae	dos, med.	Major Hadings of Operagonal		
16. Intermant	eatric	e al	chison (wife)	Autopsy results		statistically.
Address 17. Sur. (Burial, cremation, co	or removal, Which?)	Date thereof	(month) (day) (year)	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide.	Date of 1.2	-24-46
Cemetery or crematory	1 Juny	klor	A	Where did injury occur?	(County)	(State)
Location	Wald	lost,	Med,	Injured at home, farm, industry, public place (w	. 1	
18. Funeral director	Hun	My	Ryon	Misens of Injury Heary Dark	Injured at work?	154
Address	2	raed	of und,	23. SIGNATURE Jane & Mac	Kamara M.D.	
19. 12 - 28 (Date rec'd by region	19 X 6	m	Registrar.	Address S. P. Cota	M. D. M. D. Date signed.	or other 12-27-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (242)

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CERTIFICATE OF DEATH

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	Reg.	Diat.	No.	100

	, tog, Diet House
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Charles	State County Clarks
City or town	
How tong in above place of death? 5 days	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or atreet addreas where death octurred;	Street No.
Propicion Menniel Hoggital	(if rurat, give LOCATION)
How long in hospital or testitution?	2.(a) If veteran, nama war
3. (a) FULL NAME	3. (b) Social Security Number
J. Read Bailey	
4. Sez 5. Cotor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Widowal	2 4 12 14 2.24
11000	20. DATE DE DEATH
6.(b) Name of huabend or wife	21. I CERTIFY that death secured on the date above atated; that I attended deceased from
	Dec. 27, 11 45 16 Dec 13, 114
7. Birth date of deceased (mo., day, yr.) Dec. 23, 1892	and that I last see h. knoon alive on
8. AGE: Years Menths Daya If less than one day	Immediate cause of doath
53 11 20hrsmin.	Circles (model) a He Circles
Was 0 > 4 2 0	Choraco Choraco
9. Birthplace Was Only and atate)	Due to
10. Usual occupation	
11. Industry or business	Due to
	Record To Almorica In
	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Apple SiBrawner 15. Birthplace Chasees, Md.	Major fiedings of operations.
\$ 15. Birthplace Chas, Co, Ma,	Bate of op.
16. Informant Turnes Bailey	Actorsy results.
9 00 to 10 th	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address Ra (Rala, Mid.	22. VIOLENCE: It death was due to external causea, fift in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, sutcide, or homicide
Cemetery or crematory Trivity	Where did injury occur? (City-oc town) (County) (State)
to to one med.	Injured at home, farm, industry, public place (where?)
Location	Means of injury tnjured at work?
18. Funeral director. Author & Rayson	means or injury injures as work?
Address Vacdor ma,	1 2 m V . 0 n n
bla 16. 46 0) a di Pari	23. SIGNATURE A. P. Mackawarak, M.D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address La Plota Dol Date signed 12-13-

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

411	N.	Charles	St.,	Baltimore	20

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CERTIFICATE OF DEATH

Reg. Dist. No. 10/

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Jumes Lomes L	Burgess. 3.(b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Married 8.(b) Name of hueband er wife Waughrafa Burges 6.(c) It alive, give age. 7. Birth date of	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. AGE: Yeare Menths Days If less than one day 9. Birthplace	Immediate cause of death OURATION Cardio - Vascular disease Due to.
11. Industry or businese 12. Name 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Dianie 17. Dianie 18. Dianie 18. Dianie 19.	(Include pregnancy within 3 months of death) Major findings of operations.
Address 17. (Burial, cremation, or removal. Which?) Cemetery or crematory.	PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
18. Funeral director. Address 19. 4 Constant of the Secretary Secretary Registrar (Date rec'd by registrar)	Injured at home, farm, Industry, public place (where?) Means of injury 10 10 10 10 10 10 10 10 10 1



1. PLACE OF PEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infagts give residence of mother)
County Charles Our	State M. County Charles
(If outside city or town limits, write RURAL and give nearest town)	2
How long in above place of death?	City or lown
Hospital, Institution, or greet address where the transfer the transfer the transfer the transfer transfer the transfer transfer to the transfer tr	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) it veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Eliza D. Buttler	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fewel Coloned meadow;	20. DATE OF DEATH Decembe 10 1946 at 2 AM
8. (b) Name of husband or wife albert Butte	21. I CERTIFY that death occurred on the date above etated: that lattended deceased from
6.(c) It alive, give ageyears	Octobe /2T1946 to Dec. 10 18 46.
7. Birth date of	and that I last saw h
8. AGE: Yeare Months Days If less than one day	Immedia cause of death OURATION
847	Eline 48h
Pa Plate Charle Pourt	Que to aterioscleroto
9. Birthplace (Town/county and state)	Cardio-Vascula Dister unborne
10. Usual occupation to war full	Due to
11. Industry or business	
12. Name	Other conditions Structure
a 13. Birthplace	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major fiedings of operations
E 15. Birthplace unhours	Oate of op.
16. Informant Mrs. Sday 9. Selle	Antopsy results
Address Bryantown	22. VIOLENCE: If death was due to external causes, till in the following:
17 Bureal Date thereof 12-12-46	Accident, suicide, or homicide
(Buriai, eremation, or removal. Which?) (month) (day) (year)	Where did Injury pecur?
Cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?
18. Funeral director A with Target Transfer Tran	0 00
Address Wat any o	23 SIGNATURE Trous to Saseis M.P.
10 12-11 10 Up / Land	ble Seeman Park. Q. Dea 11 1941
(Date rec'd by registrar)	Address Date signed I and Date

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legib

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

	19090
	12(12() Reg. Diat. No.
- Py	Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giva residence of mother)	
County	State County Charles	
City or town		
How long in above place of death?8.3	City or town	
Hospital, Institution, or street address where death occurred:	Street No. 11 20 11	
"Elizand"	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Ellen Sto let Chapman	3. (b) Social Security Number	
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Finale White Singles	20. DATE OF DEATH. December 17 19 46 at 100 PM	
O .	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of huabend er wife	December 17. 19. 46. 10. 19.	
T. Birth date of S. (c) It alive, give ageyears	1 - 17 41	
T. Birth date of deceased (mo., day, yr.) July 4, 1863		
8. AGE: Yeare Months Days If less than one day	Immediate cause of death DURATION	
0. 1502	Carony Throntona Irran	
9. Birthplace (Town, county, and state)	Due to Control and disease 3 years	
10. Usuat occupation. Aprisework	Duo to	
11. Industry or bueiness		
12. Name Marshall Chapmon	Other conditions	
13. Birthplace and Talkaru, mix.	(Include pregnancy within 3 months of death)	
14. Maiden name lleu Stockett. 15. Birthplace anapolis, rud,	Major findings of operations.	
E 15. Birthplace amapales, Ned,	Date of op.	
16. Interment Miss Ethel Clapmon	Autopsy results	
Address La Plala, Nid		
17. (Burlal, cremation, or removal, Which?), Date thereof 2/19/46 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	
(Burist, eremation, or removal, Whiteh)	4.7	
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)	
Location Ta Glada, Mid,	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Huutt & Ryon	Means of injury injured at work?	
Address Waldow Misk,	Deputy redical Exercise	
Audiess 1	23. SIGNATURE L. J. Mackachanagh, A.D. or other	
19. 12-17-46 19 Julia H Jakets. (Date rec'd by registrar) Registrar	Address Sa Plata DD Dato signed 12-17-46	

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ct age	
titem of information carefully. 'Incomment age causes of death clearly and legibly.	1. PLACE OF DEATH: County
Supply every item of ease write the causes	7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeare h
G INK. Supl	9. Birthplace
UNFADIN	11. Industry or business:
Y, WITH ally import	HE 14. Maiden name 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
E PLAINI is especia	Address 17
SE WRIT	Location
PLEA	Address 19. Occ 3 (Date rec'd by registrar)

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CERTITION	Reg. Dist. No.
in PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State May Law County County County City or town limits, write RURAL and give nearest town) Street No. (If rurol, give LOCATION)
low long in hospital or institution?	2.(a) It veteran, nams wsr
3. (a) FULL NAME Solver of Joseph Edelen St. 1. Sex 5. Copy or race 8. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
1. Sex 5. 60% or racy 6.(a) Single, married, widowed, or divorced Marriel	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.
5,(b) Name of husband or wife. Alpha 15. (c Allew 5.5.5. years I. Birth date of 7.7.2. 18.5.6.)	21. I CERTIFY that death occurred on the date above ctated; that I attended deceased from 19.7.2. to 19.4.6. and that I last cow h. A. A. alive oa Kov. V8. 18.4.6.
deceased (mo., day, yr.) A C. 2 / 00 / B. AGE: Yeare Menths Bays It less than one day	Immediaio Que et death Thrombosis 12-1-46
B. Birthplace. Challs (Town, county, and atate) 10. Usual occupation. Awylr	Oue to Jew Orterio Schools Deer Oct 1939
	Que to
11. Industry or business 12. Name harless Trantley Eslern 13. Birthplace Charless &	Dither conditions
14. Maiden name of Kulosue wo Hardwer 15. Birthplace of S Churles Co-	Major fiedings of operations.
16. Informant Defables (10n)	Actopsy results
Address 17. Burial Date thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, euicide, or homicide
Cemetery or crematory St Marks	Whera did Injury occur?
Location Stry aulumn	injured at home, farm, Industry, public place (where?)
18. Funeral director Character Quadl	Meane of Injury Injured at work?
19. Dec 3 18 46 Julia H. Pasery (Date rec'd by registrar) Registrar	23. SIGNATURE Address M. B. or other Address Date signed (7. 1. 46)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93 2

CERTIFICATE OF DEATH

	12022
10.	12022 Reg. Dist. No. 105

1. PLACE OF DEATH: Charles	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county new fast ma	state and charles		
City or town (If outside city or town limits, write RURAL and give nearest town)	Man Cant mil		
How long in above place of death? 8 gra	City or town		
Hospital, Institution, or street address where death occurred:			
	Street No		
How long In hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
John J. H. Huggs			
4. Sex 5. Color or race 6.(a) Single, marrod, widewed, or divorced	MEDICAL CERTIFICATION		
UM It married	20 DIVE DE DELLE 10 10 46 01 11 1 11		
matilda"	20. DATE DF DEATH		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(c) If alive, give ageyo	October 29 19 46 to the 10 19 46		
7. Birth date of Jan 13-1867	and that I last saw h. Lemalive on Die. 10 19 46		
deceased (mo., day/yr.)	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Cirebral Hemourlage 3days		
77hrsn	nin.		
St mary Co md	de la colonalia Cardinaga de		
9. Birthplace (Town, county, and state)	Due to Arterio cleratic Cardiovascular		
	Diese- 1047st		
fD. Usual occupation	Due to		
1f. Industry or business			
I 12. Name argued Hugg	Dther conditions.		
13. Birtholace St many Co ml			
EL 113. Bit implace	(Include pregnancy within 3 months of death)		
14. Malueli Hame	Major findioss ol operations		
15. Birtholace St mary a mil			
16 Intermed Mrs aunie Bolveing			
10. thornant	PHYSICIAN: Please underline the caose to which death should be charged statistically.		
Address new Part mo			
12 Bureal Boto Harrest 17-13-46	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
	Where did injury occur?		
Cemetery or crematory G formatal			
Location Chaptur	Injured at home, farm, Industry, public place (where?)		
18. Funeral director / Ywell & Ryon	Means of Injury Topiured at work?		
Address Walder mil	23. SIGNATURE STATISTIC SCHOOL (4.1)		
12) 11 11/2 th 1 Mr. 50 9.	M. D. or other		
(Date rec'd by registrar) (Date rec'd by registrar) Regist	rat Address Tatlaja Ind. Date signed Dec. 11/46		



AS

1. PLACE OF DEATH:

How long in above place of death?..... Hospital, Institution, or street address where death occurred:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 784



M. D. or other Date signed 12-18-46

CERTIFICATI

	Reg. Dist. No. 100
2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:
State D-Q.	Cough Carles
	mits. write RURAL and give nearest town)
Street No	
2.(a) If veteran, name wer	
	3. (b) Social Security Number
MEDICAL	CERTIFICATION
20. DATE OF DEATH	nter 18, 10 46, 12:48 P.
21. I CERTIFY that death securred on the date	above stated; that I attended deceased.
on Dec. 18,	19.46, 10
and that I limit saw h. Loron	Dec. 18 1146
and that I limit saw h. Loron	Dec. 18 1146
and that I limit saw h. Loron	Dec. 18 1146
and that I be see h 1000 and on	Dec. 18, 10 46 DURATION 7
and that I be see h 1000 and on	Dec. 18, 10 46 DURATION 7
and that I by see h Lots on on Immediair cause of death Carolina Language	of clest 7
and that I be see h 1000 and on	of clest 7
and that I by see h Lots on on Immediair cause of death Carolina Language	Dec 18, 10 46 DURATION 7
Immediate cause of death Curely Lord	Dec 18, 10 46 DURATION 7
Due to	Dec. 18, 10 46 DURATION 7 ccident 3 months of death)

		•	(irrursi, give LOCATION) 2.(a) If veteran, name wer			
ow long in hospital or	Institution?	······································				
s. (a) FULL NAM		en Hoffman	3. (b) Socia			
. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICAT			
male	White	Single	20. DATE DE DEATH			
(b) Name of husband Birth date of deceased (mo., day, y	er wife		21. I CERTIFY that death occurred on the date above stated; that I a			
B. AGE: Years	Menths 4	Days If less than one dayhrs	Immediair cause of death Gurslot wound of cles			
Birthplace	st 6 lyal	ounty, and state) with 24-roff De	Due to apparently accident			
	0		Due to			
12. Name	7 /	Santh.	Diher conditions			
14. Malden name	0,200	va	Major findings of operations			
6. Informant G	mus /fe	frank mid	Actopsy results			
1 13	019		22. VIOLENCE: If deeth was due to external causes, fill in the folio Accident, suicide, or homeloc. Where did injury occur?			
8. Funeral director		eday mo	Means of injury, 22 revolves injured a Deputy is			
9. 12-2/ (Date rec'd by res	19.46 gistrar)	Juli H. Passy Gegistr	23. SIGNATURE Some I Mackarage			

(If outside city or town limits, write RURAL and give nearest town)

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore 250

CEPTIFICATE OF DEATH

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	Reg.	Diat.	No

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Cily or town (If obtained city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State County County City or town Residence of mother)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME OWNER Villiam X 4. Sex / 5. Color or race B. (a) Single, married, widowed, or divorced	oward MEDICAL CERTIFICATION
my W married	20. DATE DE DEATH. 200 - 5 19.46 21 1/20
6.(b) Name of husband ar wife Mary Uresa Howard	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth data of deceased (mo., day, yr.) March 141869	and that I last saw a fire slive so Achie 1946
8. AGE: Years Months Days If less than one day 77 8 22hrsmin.	Oardiv-Nasculas
9. Birthplace Pariner Ruf Charles C. Md'	Due to Olisiase
10. Usual occupation	Due to
12. Name tornes R. Houard 13. Birthplace / Ouarlas, Or Mo.	Dither conditions
14. Maiden name Sally Counts	(Include pregnancy within 3 months of death) Major findings of aperations
16. Informant Maris Howard	Autopsy results
Address & Hildian Tourd Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal Which?) Date thereof (month) (pay) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Whers did Injury occur?
Location Affiniant Mai	Injured at home, farm, industry, public place (where?)
18. Funeral director Alaman Right	Means of Injury Injured at work?
Address Piegola Mill	23 SIGNATURE GEV. O. PSichnell HIA
19. 12. 6 Datefree'd by registrar) 18. 16. Daley Tring Registrar	Address Many M. D. or other Address Date signed A.C. to 4.6.

DEC 23 1946

MARYLAND STATE DEPARTMENT OF HEALTH

111	N.	Charles	St.,	Baltimore	(n

CERTIFICATE OF DEATH

. 2						
No.				1	A	1
4	Reg.	Diat.	No.		0	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	State County City or town (if outside city or town limits, Mare RUI(AL and give nearest town) Streel No. (If rural, give LOCATION) 2.(a) If veteran, name war.			
3. (a) FULL NAME Beulah Maria Johnson	3. (b) Social Security Number			
6.(a) Single, married, widowed, or divorced Feed Negro 6.(a) Single, married, widowed, or divorced Solution of husband or wife	MEDICAL CERTIFICATION 2D. DATE DF DEATH			
deceased (mo., day, yr.) 2 - 2 7 - 37	Immediais cause of death			
9. Birthplace	Due to			
14. Malden name Section Johnson 15. Birthplace 16. Informant Date of Table 1/2 - 24-46 (Burial, cremation, or removal. Which?) Cemetery or crematory Cast Towns	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur?			
Location Maryemay Mile 18. Funeral director Fruit X Ryon Address Warday Euch 19. 1730 1946 Ody Price (Date rec'd by registrar) Registra	Injured at home, farm, Industry, public place (where?) Means of injury Hand Council down injured at work? 23. SIGNATURE M. D. or other Address. Ballona Date signed 122244			

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Diat. No. 106

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	City or town. (If outside city or town limits write ROLAL and give nearest town) Sireet No. (If rurat, give LOCATION) 2.(a) it veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed of divorced Fernel Nego Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. Dec. 22, 19.46, 212-3 21		
6.(b) Name of husband or wife 8.(c) if alive, give age years 7. Birth date of deceased (mo., day, yr.) 8-11-46	and that I but saw h		
8. AGE: Years Months Days If less than one day 4 IIhrsmin.	Immediate cause of death DURATION		
9. Birthplace	Due to		
14. Malden name Gestus Johnson 15. Birlinglace 16. Informant Gestus Johnson	(Include pregnancy within 3 months of death) Major fiadings of operations		
Address 17. (Burial, cremation, or removal, Which?) Cemetery or cromatory. Qask George Location. Margania Zuck 18. Funeral director with Address Walday 2004 Address	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of injury how to be a finite of the following: 23. SIGNATURE. M. D. or other		
19. 17/30 1946 Odey Pice Registrar	Address Sa Class D. Oate signed 12 -22 -90		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

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CEDTIFICATE OF DEATH

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CERTIFICA	Reg. Diat. No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	City or town (If outside city or town limits write DRAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.		
3.(a) FULL NAME Jaret Virginia John	3. (b) Social Security Number		
4. Sex 5. Color or race 6.4) Single, married, wildwed, or divorced Fensela Nego Single	MEDICAL CERTIFICATION 20, DATE DF DEATH		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
8. AGE: Years Months Days It less than one day	Clarre O dean principal		
9. Birthplace	Due to Accident Conference (1) Due to House Conference (1) Diher conditions		
14. Maiden name. Settle Service 15. Birthplace	(Include pregnancy within 8 months of death) Major fiadings of operations. Date of op.		
18. Informant Address 17. Survive 18. [Burlai, cremation, or removal, Which?] Cemetery or crematory Location 18. Funeral director Address Waedoy 19. 12/30 19. 46. Odey Price	Actopsy results. PHYSICIAN: Please underline the cause to which death shoold be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide. Whers did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Address M. D. or other Address Date signed 2 - 22 - 46 M. D. or other		

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	Reg. Dist. No
. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounty	Gity or town
ow long in hospital or institution?	2.(a) It veteran, namo war
Robert	Nonio Johnson 3. (b) Social Security Number
Sex 5. Color or race 6.(a) Single, married, wido	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. 2 3 Au
. (b) Namo of husband or wife	age years 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from the date above stated in the dat
O. Usual occupation.	Due 10. Cocidado en Cocidado en Cocidado de Cocidado d
1. Industry or business 12. Name Rase 13. Birthplaco	(Include pregnancy within 3 months of death)
14. Maiden name Gertru Galler School	Date of op.
Address	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: County: (City or Can) (County: (County: (State) Injured at work? Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, or homicide. General causes, fill in the following: Accident, suicide, suicide, suicide, or homicide. General causes, fill in the following: Accident,
19. (Date ree'd'hy registrar) 18. 46 Ody (Quice Registrar Address Registrar Address Registrar Address Registrar



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (20)

CERTIFICATE OF DEATH

12029 Reg. Dist. No. 1660

1. PLACE OF DE	40 0			2. USUAL RESID	ENCE (HOME) (infants give residence of	OF DECEASED:		
City or town(If	outside city or town	hits, write	URAL and give nearest town)		City or town. (If outside city or town limits, We RURA) and give nearest town)			
	or street address where		l:			e LOCATION)		
How long in hospital	or Institution?		***************************************	2.(a) If veteren, name	war			
3. (a) FULL NAM	IE	7	Thomas Hanis	Johnson		3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced		MEDICAL C	ERTIFICATION		
Mala	Negra		Single	2D. DATE OF DEATH	Dec. 2	1, 46	2-3A	
			c) If allve, give age	21. I CERTIFY that dec	ath occurred on the date at	bove stated; that I attended dec	eased 🕳 🕥	
deceased (mo., day,	yr.) 9-	24-4	14					
8. AGE: Year	Months	Days 28	If less than one day		Land		Descite	
9. Girthplace	(Town	1	· - Due.	Due toGeai	کستاک کم	Cogration		
10. Usual occupation		*****************		Due to.	use but	Q down		
~1	Rober	John	<u> </u>	Dther conditions				
置 14. Malden name	Gertie	ea &	fran		rations	months of desth)		
15. Birthplace	Sertino.	John	•••	Autopsy results	Autopsy results			
Address Mason Spring, Pol.				AN MINIENCE, 16 de		which death should be charged nuses, fill in the following;	statistically.	
17. (Burlal, crematio	n, or removal. Which)	(month) (day) (year)	Accident, suicide, or h	iomicide. Occion	Date of12	22-46	
Cemelery or cremat	71	yem	og hul		Where did injury occur?			
18. Funeral director.	Sunt	& Ry	Jon	Means of Injury	Means of Injury House branch Ann Injured at work? No			
Address	Malda	YOU) in	23. SIGNATURE	2. Mack	Samuel M. T		
19. (Date red'd by r	9 42 egistrar)	Och	ly Vuce Regis	trar Address	Sa Plata,	Date signed	12-22-46	



2411 N. Charles St., Baltimore 6/

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CERTIFICATE OF DEATH

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leg.	Diat.	No.	 0	/	

	Nog. Diet. 140
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	May land Oliver
City or town	State County County
How long in above place of death? & 3 4 20	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, nams wer
3. (a) FULL NAME James Eduard	3. (b) Social Security Number
4. Sex S, Color or race S.(a) Single, married, widowed, or divorced Wislowed	MEDICAL CERTIFICATION 20. DATE OF DEATH DICC. 20. 19. 46.01 / 17.
March Vinna	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
6.(b) Name of husband ar wife.	1940,10
7. Birth dats of	and that I last sew hslive ss
deceased (mo., day, yr.) Will g & 3 18 16	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Dialities , , ,
hrs. min.	Jahrelus Hart Gulace
9. Birthplace (Town, county, and state)	Due 10
P. d. coatan allendant	
10. Usual occupation	Due to
11. Industry or business	
12. Name Nach Ling 1. 13. Birthplacs Olarle Dr. Md.	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Uniformina 15. Birtholace	Major findings of operations.
15. Birthplace	Date of op.
16 Informant Barl S. Hing	Autopsy results.
Address Marlund Mid-	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Paris 1 Chear 16 1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burful, cremation, or removal, Which?) Date thereof (month) (day) (sear)	Accident, suicide, or homicide
Cemetery or crematory Plasaut Trove	Whers did Injury occur?
manhard mid	Injured at home, farm, Industry, public place (where?)
Location Description of the Land of the La	Means of Injury Injured at work?
18. Funeral director	
Address Visigali Mile	23. SIGNATURE CO. O. TSickfull M. Dogother
(Date ree'd by registrar) 18 4 g Mary Swelling Ind	Address Marky Mo Date signed Alles 3 H

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PLAINLY, WITH ENFADING INK. Supply every item of information carefully. The correct as is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Roa

CERTIFICATE OF DEATH

Reg. Dist. No. 1000

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Harles		***************************************	n.A	00 000	
City or town	utside city or town	imits, write l	URAL and give nearest town)	State Co	1	
How long in above place				City or town	ts, write RURAL and give n	earest town)
Hospital, Instilution, or	street address where	death occurre	!:	Street No. # Highland 9.	Pat Ht.	
Physica	Danne	Marga	-0		re LOCATION)	
How tong In hospital or	Institution?	' 0	**************************************	2.(a) It veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
				Mattox		
4. Sex	5. Color or race	8.(a)Singi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Mala	white		Singla	20. DATE OF DEATH	HA 23, 19.44	3:20A m
& (h) Name of husband a	nr wife			21. I CERTIFY that death occurred on the date ab	pove stated; that I attended dec	eased from-
				Dec. 23, 19	. 4.6a., to	19
7. Birth date of			c) tf alive, give ageyears	and that I last saw hframalive on	Dec. 23	19.46
deceased (mo., day, yr		13, 1940		Immediate cause of death		DURATION
8. AGE: Years	Months	Days	It less than one day	Intracerebral tens	shage	25-20
			nrs		0	
9. Birthpiace	a Rlata (Town	county, and	tad.	Due to Benth Angung	•••••	25.30
1B. Usual occupation	Q. A. S			Due to Owthat dypatre	ta unit	
11. Industry or business	. 0					***
-41		matt.	x, 91.	land frage d		***
12. Name	Hust			Uther conditions	••••••	
.1			.	(include pregnancy within 8	months of death)	
14. Maiden name 15. Birthplace				Major findings of operations.		
≥ 15. Birthplace	Sign	ala ala	long	,	Date of op	
18. Informant 6 M	nest Com	rattor	- In	Autopsy, results		
	Saul Pe	P. A. ()	(4- 1. du dead	PHYSICIAN: Please underline the cause to w	which death should be charged	d statisticsly.
0 0		14 17	17 111 11	22. VIOLENCE: If death was due to external ca	auses, fill in the following:	
17 Duce	or removal, Which?	Date ther	eof(month) (day) (year)	Accident, suicide, or homicide.	Date ot	
Cemetery or cremator	arling	ton m	Leur	¥		
Cemetery or cremator		1		(City or Swn)	(County)	(State)
Location	arene	lon	52	tnjured at home, farm, Industry, public place (v	where?)	
18. Funeral director	+ mits	Hay	m	Means of Injury	tnjured at work?	
Address	. 4	red	my but	1 m. v.		
19. 12-24	46	0	ili: A Pasen	23. SIGNATURE JOHN J. MOCK	М. D	. or other
19/	19./		Pagintar	Ja Posta D	Onto alread	12-23-46

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-d

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CERTIFICATE OF DEATH

2 HOUAL DECIDENCE (LICAME) OF DECEASED

Reg. Dist. No. 100

County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: D. A. Physician death occurred: How long in hospital or institution?	(For newborn infants give residence of mother) State		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION		
6.(b) Name of husband or wife	20. DATE OF DEATH Decree 14 19 46 at 10:10 is 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from: 22. I CERTIFY that death occurred on the date above stated; that I attended deceased from: 23. I CERTIFY that death occurred on the date above stated; that I attended deceased from: 24. 19 46 at 10:10 is 25. I Section 19 46 at 10:10 is 26. I Section 19 46 at 10:10 is 27. I Section 19 46 at 10:10 is 28. I Section 19 46 at 10:10 is 29. I Section 19 46 at 10:10 is 20. I Section 19		
8. AGE: Yeare Months Bays If less than one day 36 8 /3	Budden dearl - exact Due to Probably Sightlitic boot Due to disease with an titis 5-10 you		
11. Industry or bueiness 12. Name Fronk McCherson 13. Birthplace La Plata, rul, 14. Maiden name Elizabeth Morris 15. Birthplace Mem Lown, pul.	Other conditions		
18. Informant Kalie Cager (niece) Address La Plata, mod	Actorsy results		
11. (Burial, cremation, or removal. Which?) Cemetery or crematory. Date thereof (monty) (day (year))	22. VIOLENCE: If death was due to external causee, fill in the following: Accident, suicide, or homicide		
Location Gaplacy Med. 18. Funcial director MacLost, Med. Address MacLost, Med.	Injured at home, farm, Industry, public place (where?) Means of Injury Topology Topology 23. SIGNATURE		
19. (Date rec'd by registrar) Registrar	Addrees Sa Plasta no Date signed 12-14-46		

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•	Reg. Dist. No. Z.
1. PLACE OF DEATH: County Charles	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State MARY / AM County Charles
City or town	
How long in above place of death? S.f. &	City or town
Hospitat, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, nama war
3. (a) FULL NAME	3. (b) Social Security Number
ESSA FLORENCE PAdgett	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Femase w widow	20. DATE OF DEATH Dec 23 1946 19 11 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceeeed from
	July: 1 1845 10 Dec. 23 1846
7. Birth date of	and that I last sew h
deceased (mo., dey, yr.) Feb 14- 1873	Immediair cause of death DURATION
8. AGE: Years Months Days It less than one day	
73 10 8hrsmin.	Jul. Suterculous 34.5.
9. Birthplace CLARIES CL. H. C. (Town, county, and atate)	Due 10.
10. Usual occupation House Wife	Due to
11. Industry or business	e, Do
12. Name BON J SWANY 13. Birtholace Ch As CU M d	Other conditions , Ver and type al crakeurs
	(Include pregnancy within 3 months of death)
H 14. Maiden name M. O. d.d	
15. Birthptace Chas Co Md	Major findings of operations. Date of op.
14. Maiden name M. Odd 15. Birthplace Chas Co Md 16. Informant Frank Padgett	Autopsy results
Address Charlotte HASI, md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. BURLA Date thereol 12.26-46 (Burial, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: 11 death was due to external ceuses, 1111 in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location N P MI Co MA S. C. A. A. C.	Injured at home, farm, industry, public place (where?)
18. Funeral director ESMER M. Quant	Means of Injury tnjured at work?
Address Hughesville my	23. SIGNATURE & en Solkeron.
19. 12-24 19.46 Julia H. Farey	M. D. or other
(Date rec'd by registrar) Registrar	Address Cohattelle Heal Date signed 12 for 3 for 1

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CERTIFICATE OF DEATH

. 3	12034
T	Reg. Dist. No. / O

1. PLACE OF DEATH: County	(If outside city or town limits, write RURAL and give nearest town) Sireet No. (If rural, give LOCATION)	
How long in hospital or institution? 3. (a) FULL NAME	2.(a) If veteran, name war.	
Charles Pimpleton	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Negro Widowed	20. DATE OF DEATH December 24, 19 46 at 9;15 P	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated; that I altended deceased from On Dec. 24	
deceased (mo., day, yr.) 9-25-86 8. AGE: Years Months Days If less than one day	Immediate cause of death	
9. Birthplace Rockingham, N.C. (Town, county, and state)	Natural caues unknown 151	
10. Usual occupationI.aborer 11. Industry or business 12. Name	Due to (Presumably, cerebral hemorrhage or similar convulsive state) Other conditions	
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations	
18. Informant Roy Bright Address Cheltenham Md.	Autopsy results	
Burial [Burial, cremation, or removal, Which?] Cemetery or cremation Wesley Location Waldorf Md. Huntt And Ryon.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
18. Funeral director. Waldorf Md. Address 19. 12-27 19. Chote recid by peristrary Registrary Registrary	23. SIGNATURE TO M. Deputy Medical Examine M. D. or other Medical Examine	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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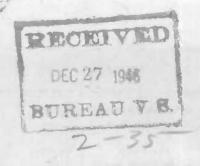
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore / ...



Reg. Dist. No. 100

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town How long in above place of desth?..... Hospitsi, institution, or street sodress where death occurred: (If rural, give LOCATION) How long in hospital or institution?.. 3. (a) FULL NAME 3. (b) Social Security Number Cora Sayles 5. Color or race MEDICAL CERTIFICATION Magra Marriad 21. I CERTIFY that death accurred on the date above stated; that I attended deceased from B.(c) If slive, give age 45-48 years deceased (mo., day, yr.) 8. AGE: (Town, county, and state) 1D. Usual occupation... 11. Industry or business 13. Birthplace (Include pregnamey within 3 months of death) 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following; (month) (day) (year) Date thereot...... Accident, suicide, or homicide..... Where did injury occur?(Eity or town) (County) Injured at home, farm, Industry, public place (where?) Injured st work? Maans of Injury Depty Middle Examina & Mackananagh, M.D. or other Address 23. SIGNATURE.... Date signed 12-19-46



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1 2 HOHAL DECIDENCE (LICAME) OF DECEASED.

12036

CERTIFICATE OF DEATH

1 2 500 Reg. Dist. No. 100

County	State County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rurai, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Ernest Colon Wente	3. (b) Social Security Number
4. Sex Male Schitz 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH. Sec. 4 18.46, at 12:45 P
6.(b) Name of husband or wife Gerbruse L. Garner. 8.(c) If alive, give age 59, years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 75 7 2 hrs. min. 9. Birthplace County 10. Usual occupation. Frankler County 11. Industry or business Further. 12. Name Gradler Christopher Wente 13. Birthplace Servery 14. Maiden name Surana Bestare Throwse 15. Birthplace Charles County	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
16. Informant Robert Welle 'Address Welcone Ind.	Autopsy results
17. Burish Bate thereof 12-6-46 (Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director. Hunth + Byrn	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Address Waldorf Ind 19. 12-6 19. 46 Aulia H. Paser (Date ree'd by registrar) Registrar	23. SIGNATURE Larras Jarboz M.D. or other Address a Plata Mal. Bate signed 12/5/16



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item of information carefully.	e causes of death clearly and
IK. Supply every	:: please write the
WITH UNFADING IN	important. Physicians
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.	is especially

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		CERTIFICA	TE OF DEATH Reg. Dist. No	100
How long in above place Hospital, institution, or	utside city or town lim of death?		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother) State	nearest town)
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	White,	Marrial	20. DATE OF DEATH	1 12:50 Pu
8.(6) Name of husband 7. Birth date of deceased (mo., day, years 8. AGE: Years	months (Clearlan	Ce Posle Wiley 6.(c) If alive, give age year 29, 1904 Days If less than one day 14 hrs. min	21. I CERTIFY that death occurred on the date above stated; that I attended de	19.45 DURATION
10. Usual occupation	Bealt	ar	Due to	
11. Industry or business HI 12. Name	whiteld Washingto Mande Washingto	Wiley n. D.C. Shope	Other conditions (Include pregnancy within 3 months of death) Major findings of operations No contained Research	
Address 62 17. Cleanation, Cemetery or cramatol Location	45-30 th straight or removal. Which is the straight of the str	Wiley St. N. W., Wash, DC. Bate thereof Olle, 16, 1946 mislow Cornetley sty Manyland	Where did injury occur?	ed statistically.
Address 290/		Hines Co n. W. Wash, D.C. Julia H. Pasey Registra	23. SIGNATURE Jame L. Mackaren Deputy Medic	I Eamir

DEC 17 1946